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13

Observations on *Cynanche Trachealis.* or Croup.

Croup is an inflammatory affection of the mucous membrane of the larynx and trachea, to which Children are peculiarly subject, from the age of three months to that of six or seven years. It is a very rare disease after puberty. It is divided into two species by some writers, the inflammatory and spasmodic. This division, however well founded it may be, is not I think very important, as it does not materially influence, or lead to any practical difference in the mode of treatment.

The application of cold or humidity seems to be the general Cause which excites this disease into action. It occurs

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most frequently in the winter and spring and is observed to be most prevalent near the sea coast, where the air is loaded with moisture, and the vicissitudes of the weather are sensibly experienced. It does however sometimes prevail like other diseases as an epidemic, without any apparent dependance on the sensible qualities of the atmosphere.

As a proof of this we need only refer to the winter of 1809.10 when the disease under consideration prevailed as an epidemic, in the City of Philadelphia and was productive of considerable mortality. and during its prevalence the weather was observed to be regular and pleasant for the season. It is not considered as contagious. It seems however peculiar to some families; and a child having been once attacked, is very liable to a return of the disease, from any slight

exposure to cold or wet, and it generally happens that subsequent attacks are more violent than the first. Children of robust constitutions are thought to be most liable to it.

The disease generally comes on in the evening, after the child has been exposed to the weather during the day, and often after a slight catarrh of some days standing. At first the voice is observed to be hoarse accompanied with some difficulty in breathing; he shows a disposition to shun his play-fellows, and sits apart from them dull and inactive. His illness does not prevent him from going to sleep: but soon he awakes with a very peculiar cough rough and stridulous, which has been compared to the crowing of a cock, or barking of a dog. his breathing is now very laborious, each inspiration being accom-

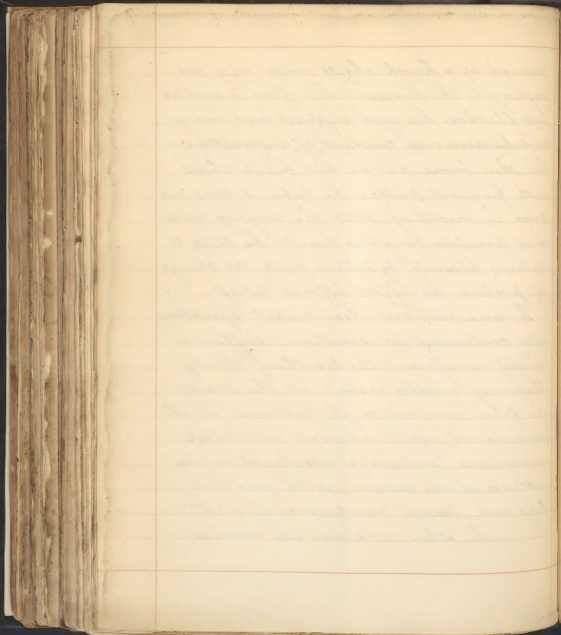
a young cock

danger,

panied by a harsh shrill noise very distressing to the hearers. his face is swelled and flushed, his eyes suffused and heavy and he seems in constant suffocation: his skin burns, and he has much thirst with frequent pulse: he labours more and more in breathing; still the ringing noise and peculiar cough is heard: he tries to relieve himself by sitting erect, no change of posture, no effort affords relief.

In some instances these violent symptoms after continuing for sometime, suffer a slight remission; the breathing thereby becoming a little easier: but the anxiety the fever, and the cough remain; he is soon as ill again as ever: and these symptoms continuing, weakened by the violence of the disease, with purpled lips and leaden countenance he dies.

In other instances, the disease



after continuing for some time, appears suddenly alleviated: the breathing is free, the child becomes cheerful, his appetite returns, he amuses himself, and seems perfectly recovered: which raises the hope of every one, only to make the disappointment more severe; for the child suddenly gets worse, and quickly expires, his livid and swollen face and convulsive struggles giving him the appearance of one that is strangled.

Such is the attack of this disease in its most formidable shape. We seldom however meet with cases, which are equal in violence or similar in every respect to it. as there is great variety both in the symptoms, and manner of attack; it sometimes coming on very suddenly, the previous indisposition being short or scarcely observable.

The duration of the disease is very
 various; in some cases it proves fatal
 in a very few hours, in others not for
 a day or two or longer; much depends on
 the respect on the degree of inflammation.
 The violence of the shasm, and the
 constitution of the child.

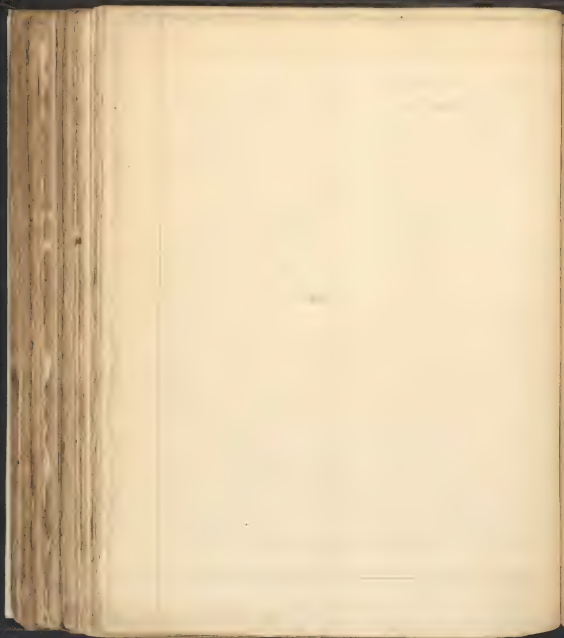
These cases end best where the
 disease is least sonorous, and never most
 violent and the cough early attended with
 expectoration.

From the testimony of
 respectable writers, dissection has dis-
 covered on the inside of the larynx
 a white incrustation, or layer of
 membranous looking substance. This mem-
 brane has not as far as I know ever been
 discovered from dissections in this coun-
 try. Our worthy professor Dr. Schakman
 says that he has never met with it

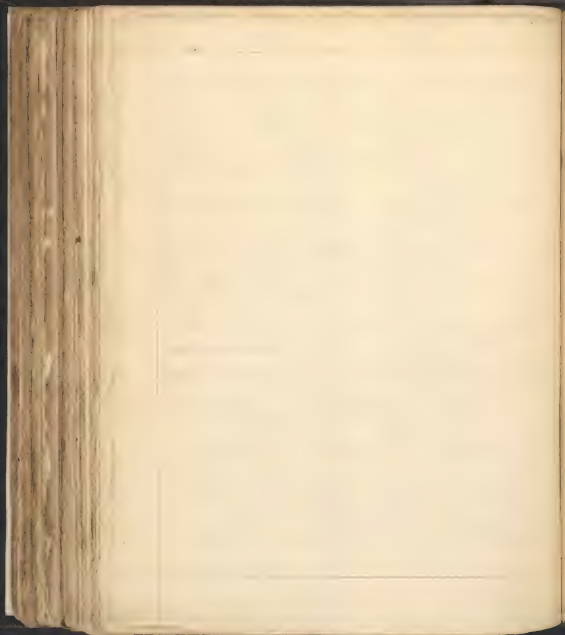
1. *laulet* x

although he has examined many children who had fallen victims to tramps. That the membrane does in some occasionally exist he does not as it has been mentioned so frequently as a true stand by very creditable writers.

In erroneous pathology and an inefficient treatment, are the two principal causes which have added greatly to the number of cases of the ^membrane in this disease, and consequently its prevalence. Many practitioners are deterred from using active remedies in the disease of children, from the arguments on that their extreme delicacy and frailty of constitution, cannot bear any vigorous intervention. It is well known that during the growth of the body, the fibres and vessels, the blood, in relation to the lungs, are larger in quantity. The

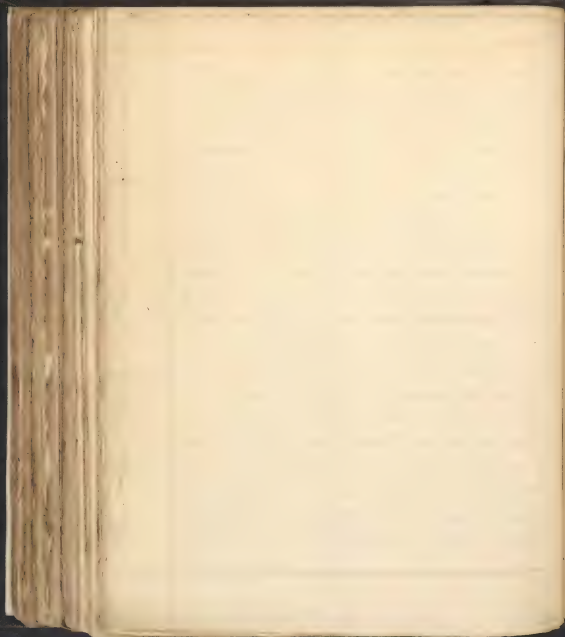


fullness of their vessels, and the greater
 excitability of their systems, render them
 peculiarly liable to influence by
 affections. it follows, therefore that they
 require often to be bled. Dr. Chapman
 states that his own experience confirmed
 by that of other practitioners has satis-
 fied him, that bloodletting may be used
 with as much safety, and decidedly with
 greater advantage in the complaints of
 children, than in those of adults. He
 says that if they do not at the time bear
 the loss of blood better, they recover much
 sooner from its effects. The prejudice
 against bleeding to any extent in
 children, I am persuaded is one prin-
 cipal reason why the disease I have been
 speaking of is so frequently terminated
 in a fatal manner. This opinion induced me
 to alter the above remarks, which



although not strictly connected with a
 specific description of the disease, might
 be an opinion that some practical
 advice in the treatment of the disease
 is before us, as well as in the
 use under a skin lotion.

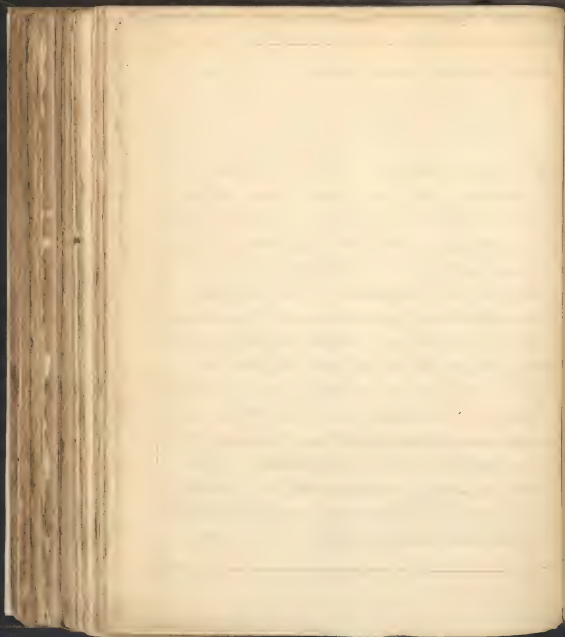
The obvious scaly cause
 of this disorder, the infirmities of the
 the highest kind. The great thirst and
 burning skin the point and very strongly
 to inflammation. The treatment
 is very plain. In the first or in-
 fipient stage of the disease, the best and most
 efficacious and necessary should be applied
 to remove the increased action which is
 at once the most necessary. It is the best
 remedy for the accomplishment of this, the remedy
 is more appropriate and uniform in
 its action than any other. - So Dawschal
 and it has remedy in the carried



to the proper extent, that it becomes the
remedy the complaint in a few days.

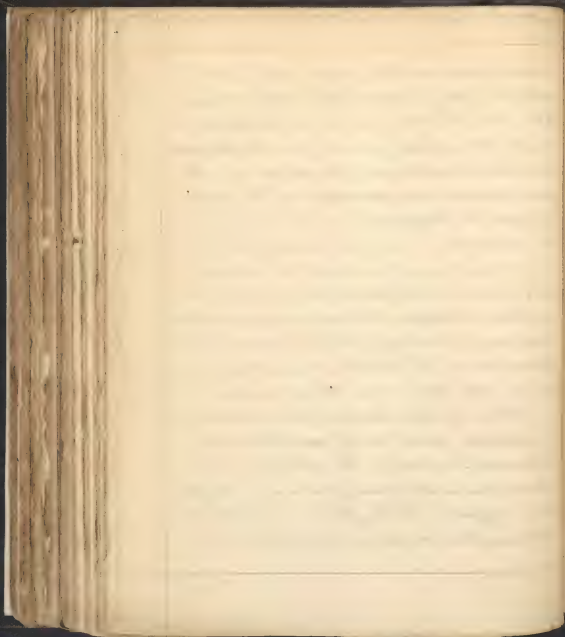
The first thing then, to be done is
to give a dose, proportioning the quan-
tity of blood given to the violence of
the disease, the age, and constitution
of the child. Suffering it to flow so
as nearly to produce syncope where
the difficulty of breathing is great.

Should the symptoms not mitigate
from the bleeding, or should they return
after a little time which frequently hap-
pens, more blood should be drawn.
I have known an instance where the
bleeding was repeated three times in
the course of one night, in consequence
of a return of the symptoms. The
third bleeding succeeded in breaking
the force of the disease and obtained
permanent relief. The quantity of



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blood taken in this case amounted in
all to $\frac{1}{2}$ xx. Immediately after Venesection
we should endeavour to put the
child very freely, and for this purpose
Sedative antimony, being one of the
most certain and powerful of the emetics
should be preferred. It should be given
in small doses at short intervals. At
a given time the head should be
put in a warm bath for ten or
fifteen minutes. This is a very valuable
expedient. It exactly tends to promote the
operation of the emetic, and will, indeed,
alone sometimes cure the disease.

When by these means active vomiting
is excited great relief is obtained.
Besides evacuating the stomach the
medicine will also produce a diapho-
retic effect. If the first emetic does not
relieve, the cough and difficulty of



breathing it may be necessary to repeat it. In some cases with the above remedies it will be found highly serviceable to apply a vesicant to the throat. In some cases a small scarification on the throat will be the best mode of procuring relief.

The attack must be extremely obstinate if it does not now yield to the combined action of the above measures. It will however occasionally combine with little or no abatement. Under these circumstances, where the preceding remedies have failed and the symptoms are so alarmingly violent as to demand immediate relief, Dr. Chapman recommends bleeding *ad deliquium* or *semi*. When pushed to this extent the severe blood-letting is almost invariably successful. The bowels are to be kept

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open by the free administration of some purgative; the calomel is the best. It is recommended, by Dr Chapman, to be given in the largest possible dose, (after the force of the disease is broken), in order that it may speedily and actively purge.

In this particular stage of the disease he says, a thorough opening of the bowels carries off the lingering symptoms, obviates a relapse, and confirms the convalescence.

Where cough or hoarseness, with tightness of the chest, and deficient expectoration remain, the decoction of the polygala senega is to be used as an expectorant. he thinks that it is in extinguishing the remains of croup that it (which by some is recommended^m the commencement) displays its best properties.

I have now finished what I had to say, relative to, symptoms and

best mode of treating Cyanotic
Tracheitis: My own experience of the
disease being very limited, I had no-
thing to offer as resulting from it, as
new or different from the general
mode of treatment. In the preceding
observations my aim was not, origi-
nality, but to give a correct descrip-
tion of the disease & its treatment in
as brief a manner as I could con-
sistent with ^{the} importance. Hoping there-
fore that an indulgent eye will
be extended over its many im-
perfections, I submit with great
diffidence this paper to your
inspection. — IIII —

